FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructi	_	Office use only		
NAME OF COMMITTEE (in fu	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5		
Employees Fur	nd for Good Government				
1					
ADDRESS (number and st	One North Central A	Ave.			
X (Check if address is changed)	Phoenix		AZ 85004 _		
OOMMITTEE'O E MANI	ADDDEGG	CITY▲	STATE▲ ZIP CODE ▲		
committee's e-mail tfigueroa@phel					
1					
COMMITTEE'S WEB P	AGE ADDRESS (URL)				
	ride ribbrileso (orie)				
			<u> </u>		
2. DATE 0.4	JMBER				
3. FEC IDENTIFICAT	ION NUMBER	C C00033456			
4. IS THIS STATEME	ENT X NEW (N) OR	AMENDED (A)			
I certify that I have examin	ed this Statement and to the best of my kr	nowledge and belief it is true, correct a	nd complete		
Type or Print Name of T	reasurer Kevin R. Kinsal	<u> </u>			
Signature of Treasurer	Electronically Filed by Kevin R.	Kinsall	Date 04 / 20 / Y Y Y Y Y		
NOTE: Submission of fals	•	ay subject the person signing this Sta	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS		
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530			

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5.	. TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the can	didate information below.)				
	(b) This committee is an authorized committee, and is NOT a principal ca information below.)	ampaign committee. (Complete the candidate				
	Name of Candidate					
	Candidate Office Sought: House	Senate President State District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate					
	(d) This committee is a (National, State (or subordinate) committee (e) X This committee is a separate segregated fund	ee of the (Democratic, Republican,etc.) Party.				
	(f) This committee supports/opposes more than one Federal candidate, are committee.	nd is NOT a separate segregated fund or party				
6.	. Name of Any Connected Organization or Affiliated Committee					
L	Freeport-McMoRan Copper & Gold, Inc.					
L						
	Mailing Address 1615 Poydras Street					
	New Orleans					
	CITY▲	STATE ▲ ZIP CODE ▲				
Relationship Connected Type of Connected Organization:						
	Membership Organization Trade Association	Cooperative				

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Write or Type Committee Name			
Employees Fund for C	Good Government		
 Custodian of Records: I possession of Committee 	dentify by name, address, (phone nune books and records.	nber optional), and position of th	e person in
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE	ZIP CODE A
		Telephone number	
name and address of ar	e and address (phone number option of the property designated agent (e.g., assistant trees of the property	onal) of the treasurer of the commi easurer).	ttee; and the
	Phoenix	AZ	85004 _
Title or Position ♥	CITY A	STATE	ZIP CODE A
Director	Govt. Relat	Telephone number 602	366 8180
Full Name of Designated Agent Tiffar	nie Figueroa		
Mailing Address	1 N. Central Ave.		
	Phoenix		85004
Title or Position ▼	CITY A	STATE A	ZIP CODE A
Govt Rel	. Spec.	Telephone number 602	366 7812

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9.	Banks or Other Depositories safety deposit boxes or maintain	•	unts, rents
	Name of Bank, Depository, etc.		
	Bank o	of America 	
	Mailing Address	FO BOX 790	
		Wichita KS 67	201

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷